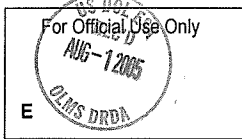


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4415</u>	2. Fiscal Year Covered From: <u>8 / 1 / 2004</u> Through: <u>8 / 1 / 2005</u>
3. Name and address of person filing. Name <u>Stephen D BRADLEY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>607 OAKWAY RD</u> City <u>EUGENE</u> State <u>OREGON</u> ZIP Code + 4 <u>97401</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers Union Local 701</u> Labor Organization File Number <u>023982</u> P.O. Box, Building and Room Number, if any _____ Street <u>555 E FIRST ST.</u> City <u>Glanstone</u> State <u>OREGON</u> ZIP Code + 4 <u>97027</u>
5. Position in labor organization. <u>Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Stephen D Bradley</u>	On <u>7-26-05</u> Date	<u>541-485-7942</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="ABC-OPERATING ENGINEERS TRUST FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 4668"/></p> <p>Street <input type="text" value="2929 NW 31st Ave"/></p> <p>City <input type="text" value="PORTLAND"/></p> <p>State <input type="text" value="OREGON"/> ZIP Code + 4 <input type="text" value="97208"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="IFEBD Employee Benefit Conference"/> <input type="text" value="Round Trip Airfare To"/> <input type="text" value="New Orleans, LA."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="675.39"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Reimbursed for the Roundtrip"/> <input type="text" value="Ticket to New Orleans"/></p> <p>12.b. Amount. <input type="text" value="675.39"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

# TRUSTEE EXPENSE VOUCHER

AGC - Operating Engineers Trust Funds  
(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT New Orleans, LA ON 9-18-04 to 9-23-04  
(Location) (Date(s))
- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT New Orleans, LA  
(Location)
- ON \_\_\_\_\_ SPONSORED BY IFEED Employee Benefit Conference  
(Session Date(s)) (Meeting Sponsor)
- ☒ OTHER: CANCELLED AT LAST DAY DUE TO HURRICANE  
(Describe Reason for Incurring Expenses)

## TRANSPORTATION:

DATE OF DEPARTURE 9-18-04 DATE OF RETURN 9-23-04

☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT \_\_\_\_\_ c PER MILE \$ \_\_\_\_\_

☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 675.39

☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 0

## HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 0

## MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ 0

## DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 0

TOTAL EXPENSES \$ 675.39

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 675.39

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 1200.00

## EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ 524.61

## OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

Stephen D Bradley  
(Signature of Trustee)

DATED THIS 13 DAY OF Oct, 2004

607 Oakway Rd Eugene Ore 97401  
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):